

Stephen Joshua Zarate 7023645

Name and Inmate Booking Number

Detention

CCDC 1115 Clark County Detention Center

Place of Confinement

330 S Casino Center Blvd

Mailing Address

Las Vegas, NV 89101

City, State, Zip Code

UNITED STATES DISTRICT COURT  
DISTRICT OF NEVADA

Stephen Joshua Zarate

Plaintiff

vs.

(1) TRINITY

(2) Humphry

(3)

(4)

(5)

Defendant(s).

2:22-cv-02046-RFB-BNW

Case No.

(To be supplied by Clerk of Court)

CIVIL RIGHTS COMPLAINT  
BY AN INMATE

☒ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

☐ Jury Trial Demanded

A. JURISDICTION

1) This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Named Agents*, 403 U.S. 388 (1971)

☐ Other:

2) Institution/city where Plaintiff currently resides: Las Vegas, Nevada Clark County Detention Center

3) Institution/city where violation(s) occurred: Clark County Detention Center

**B. DEFENDANTS**

1. Name of first Defendant: TRINITY. The first Defendant is employed as: CCDC DIATICION at CCDC 1115 Clark County Detention Center.  
(Position of Title) (Institution)
2. Name of second Defendant: Humphry. The second Defendant is employed as: Sergeant CCDC 1115 at Clark County Detention Center.  
(Position of Title) (Institution)
3. Name of third Defendant: \_\_\_\_\_. The third Defendant is employed as: \_\_\_\_\_ at \_\_\_\_\_.  
(Position of Title) (Institution)
4. Name of fourth Defendant: \_\_\_\_\_. The fourth Defendant is employed as: \_\_\_\_\_ at \_\_\_\_\_.  
(Position of Title) (Institution)
5. Name of fifth Defendant: \_\_\_\_\_. The fifth Defendant is employed as: \_\_\_\_\_ at \_\_\_\_\_.  
(Position of Title) (Institution)

If you name more than five Defendants, answer the questions listed above for each additional Defendant on a separate page.

**C. NATURE OF THE CASE**

Briefly state the background of your case.

My medical Allergy is ONIONS AND Mr/Mrs Trinity will not adhere to my medical Restrictions of A NON ONION Kosher Diet. I AM A SEVENDAY Adventist AND Am being forced to eat Against my medical Restrictions I Have tried to warn Mr/Mrs Trinity of this Allegation AND Have Filed All proper grievances. She won't tell me her full Name AND Have conspired with Sergeant Humphry who also holds back his name on Retaliation

**D. CAUSE(S) OF ACTION****CLAIM 1**

1. State the constitutional or other federal civil right that was violated: 14 Amendment  
Due process

2. **Claim 1.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

☐ Basic necessities

☐ Medical care

☐ Mail

☐ Disciplinary proceedings

☐ Exercise of religion

☐ Property

☒ Access to the court

☐ Excessive force by officer

☐ Retaliation

☐ Threat to safety

☐ Other: \_\_\_\_\_

3. **Date(s) or date range** of when the violation occurred: November-December 2022

4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 1. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

During the process of trying to Alleviate the Diet Situation Mr/Mrs Trinity would NOT Give me his/her Full Name to do my Civil Lawsuit or to even fix the Situation in my proper grievances and medical Kites which lead Mr/Mrs Trinity the Violation of CCJC 111.5 Clark County Detention Center to obstruct And Hinder the process of the courts And Also violated my Due process rights by not disclosing his/her Full Name especially the final month before I had no choice to file my Civil action based on His/her Job Description And Last Name. There excuse its a security concern to know the Detention's Full Name As well As Correctional Officer HUMPHRY Sargent of Clark County Detention Center



## CLAIM 2 ✓

1. State the constitutional or other federal civil right that was violated: 6th Amendment  
Obstruction/hindering the process of the courts

2. **Claim 2.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Basic necessities        | <input type="checkbox"/> Medical care               | <input type="checkbox"/> Mail                   |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Exercise of religion       | <input type="checkbox"/> Property               |
| <input type="checkbox"/> Access to the court      | <input type="checkbox"/> Excessive force by officer | <input checked="" type="checkbox"/> Retaliation |
| <input type="checkbox"/> Threat to safety         | <input type="checkbox"/> Other: _____               |   |

3. **Date(s) or date range** of when the violation occurred: Nov 2022 - December 4<sup>th</sup> 2022

4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 2. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

During the process of my medical Kites And Grievance procedure And my only chance At the only Remedy I can think of Giving me A medical Kasher NO OPIUM DIFT It was Reported by Correctional officer Humphry that I cannot contact TRINITY Cause "the Kiosk is Broken, Someone TORE the back off it (the Kiosk)" When the Kiosk Worked All Along It just Someone BROKE A Panel IN the Booth Area That is Situated next to, The Only Source of Communication to Administration And Religious Service So I Quickly Put together that All my Diligence At Seeking A Remedy (Solution) with my DIFT was Retaliation to Stop All Access to Administration while TRINITY Set up A proper Civil Action Defense when it Didn't have to (Amount) Come to this conclusion

## CLAIM 2

3

1. State the constitutional or other federal civil right that was violated: Negligence  
GROSS/CONTRIBUTORY

2. **Claim 2.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

☒ Basic necessities

☐ Medical care

☐ Mail

☐ Disciplinary proceedings

☐ Exercise of religion

☐ Property

☐ Access to the court

☐ Excessive force by officer

☐ Retaliation

☐ Threat to safety

☐ Other: \_\_\_\_\_

3. **Date(s) or date range** of when the violation occurred: August 2022 - December 2022

4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 2. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

My medical Allergy is common HS A OWN  
 O Allergy particularly Red Onions. And  
 Trinity won't listen to reason on following  
 Federal Regulations on medical Allergies  
 which is A BASIC requirement of A pre-trial  
 detainee of Nevada. In Las Vegas  
 Clark County. She won't And Refuse to  
 Acknowledge my Own (Red) Allergy Required  
 By Federal And State Law for A  
 DIETARY DIETARIAN who holds A  
 DIETARY License in the US particularly  
 Nevada.



**D. CAUSE(S) OF ACTION****CLAIM 1<sup>4</sup>**

1. State the constitutional or other federal civil right that was violated: Religious Freedom  
RFRA

2. **Claim 1.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Basic necessities        | <input type="checkbox"/> Medical care                    | <input type="checkbox"/> Mail        |
| <input type="checkbox"/> Disciplinary proceedings | <input checked="" type="checkbox"/> Exercise of religion | <input type="checkbox"/> Property    |
| <input type="checkbox"/> Access to the court      | <input type="checkbox"/> Excessive force by officer      | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Threat to safety         | <input type="checkbox"/> Other: _____                    |                                      |

3. **Date(s) or date range** of when the violation occurred: August 2022 - December 2022

4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 1. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

As A Seven Day Advent (7-DAY-ADVENTIST)  
 I AM FORCED BY TRINITY THE VIOLATION OF  
 CCDC 1115 TO EAT A NON-TYPE KOSHER  
 DIET THAT HAS MY MEDICAL ALLERGY RED  
 ONIONS. MY ESTABLISHED MEDICAL ALLERGY  
 WAS IN 2017, AND I WAS ON THE RELIGIOUS  
 KOSHER DIET AT THE SAME TIME. WHILE  
 CCDC FOLLOWED MY MEDICAL ALLERGY RESTRICTIONS  
 BUT IN 2022 AFTER MONTHS OF ARGUING, PLEADING,  
 DETAILING, TRINITY HAS IGNORED ALL PLEAS  
 TO ADHERE TO THE KOSHER DIETARY STANDARDS  
 WHILE NOT FOLLOWING THE MEDICAL RESTRICTIONS  
 PLACED ON ME FOR MY RED ONION ALLERGY  
 BY ALLOWING ANY TYPE OF ONION PRODUCT  
 POWDER IN THE PREPARING OF MY KOSHER  
 MEAL

### CLAIM 3

1. State the constitutional or other federal civil right that was violated: \_\_\_\_\_
2. **Claim 3.** Identify the issue involved. Check **only one**. State additional issues in separate claims.
- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Basic necessities        | <input type="checkbox"/> Medical care               | <input type="checkbox"/> Mail        |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Exercise of religion       | <input type="checkbox"/> Property    |
| <input type="checkbox"/> Access to the court      | <input type="checkbox"/> Excessive force by officer | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Threat to safety         | <input type="checkbox"/> Other: _____               |                                      |
3. **Date(s) or date range** of when the violation occurred: \_\_\_\_\_
4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 3. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

**If you assert more than three claims, answer the questions listed above for each additional claim on a separate page.**

**E. PREVIOUS LAWSUITS**

1. Have you filed any other lawsuits while incarcerated? ☒ Yes ☐ No
2. Has this Court or any other court designated you as subject to "three strikes" under 28 U.S.C. § 1915(g)? ☐ Yes ☒ No
3. If you have "three strikes" under 28 U.S.C. § 1915(g), does this complaint demonstrate that you are "under imminent danger of serious physical injury?" ☐ Yes ☒ No

**F. REQUEST FOR RELIEF**

I believe I am entitled to the following relief:

~~per person 28,000.00~~ ~~Two Hundred~~  
Twenty Eight Thousand Dollars

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.** See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

Pro Se  
(name of person who prepared or helped  
prepare this complaint if not the plaintiff)

[Signature]  
(signature of plaintiff)

12-6-22  
(date)

**ADDITIONAL PAGES**

You must answer all questions concisely in the proper space on the form. Your complaint may not be more than 30 pages long. It is not necessary to attach exhibits or affidavits to the complaint or any amended complaint. Rather, the complaint or any amended complaint must sufficiently state the facts and claims without reference to exhibits or affidavits. If you need to file a complaint that is more than 30 pages long, you must file a motion seeking permission to exceed the page limit and explain the reasons that support the need to exceed 30 pages in length.